

Entered - 02-09-01 - sb
CL 01L0112 - GWENDOLYN BURNS

CLAIM OF: **LANCE INSURANCE COMPANY**
as subrogee of **PRIME TRANSPORTATION**
6563 Wilson Mills Road, Suite 101
Mayfield, Ohio 44143

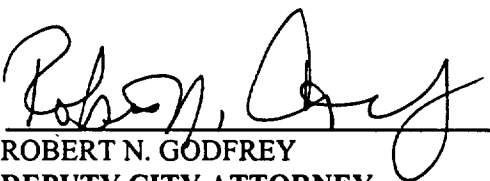
01-*e* -1545

For vehicular damages alleged to have been sustained as a result of driving over a sign that had fallen in the roadway on November, 29, 2000 at Pharr Road, NE & Bolling Way, NE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **LANCE INSURANCE COMPANY as subrogee of PRIME TRANSPORTATION** the sum of **\$1,804.15** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of driving over a sign that had fallen in the roadway on November, 29, 2000 at Pharr Road, NE & Bolling Way, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

C-9

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0112

Date: September 14, 2001

Claimant /Victim PRIME TRANSPORTATION
BY: (Atty) (Ins. Co.) Lancer Insurance Company
Address: 6563 Wilson Mills Road, Suite 101, Mayfield Village, OH 44143
Subrogation: X Claim for Property damage \$ 1,804.15 Bodily Injury \$ _____
Date of Notice: 2/7/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/29/01 Place: Pharr Road NE & Bolling Way, NE
Department PUBLIC WORKS Division Traffic and Transportation Services
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was driven over a sign that had fallen in the roadway. An investigation determined that the City had notice of the problem prior to claimant's incident and was en route to repair the sign when Claimant's incident occurred.

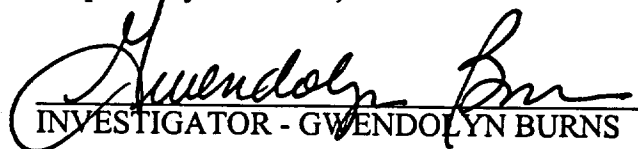
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

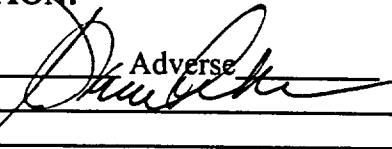
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,804.15 Adverse  Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 09-14-01
Committee Action: _____ Council Action _____

LANCER INSURANCE COMPANY



6563 WILSON MILLS RD., SUITE 101, MAYFIELD VILLAGE, OH 44143 • TEL. (440) 473-1634 • FAX (440) 473-1650

February 5, 2001

ENTERED - 2-9-01 - SB
01LO112 - GWEN BURNS

BURNS
02/07/01
[Signature]

City of Atlanta, Dept. of Law
68 Metro St. Ste. 4100
Atlanta, GA 30335-0332
Attention: Diane Mitchell

RE: Our Insured: Prime Transportation
Our Claim #: 720163
Date of Loss: 11/29/00
Net Subrogation Balance: \$1804.15
(Includes insured's deductible)

PLEASE REFER TO THE ABOVE CLAIM NUMBER

Please accept this letter as formal notice of our subrogation rights in regard to the above captioned claim. Enclosed you will find all supporting documentation.

Phone Road
This loss occurred on ~~Parr Avenue~~, near the intersection of Peachtree Street. Five of our insured's side windows were knocked out at as a result of a road sign that was bent into the road. Enclosed you will find a picture of the faulty road sign and an estimate for repairs.

If you need additional information regarding this accident, please feel free to contact me at the above listed number.

Please make your draft payable to "Lancer Insurance as subrogee for Prime Transportation" and mail it to the attention of the undersigned. I have diaried my file ahead 30 days.

Thank you in advance for your cooperation.

Sincerely,

[Signature]
Jenni Sarosy
Claims Examiner

LANC250

01-R-1545